



City of Leitchfield  
Tourism & Convention Commission  
**Monthly Return of Restaurant Tax**

Month Ending: \_\_\_\_\_

Business Name & Address. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |       |
|--|-------|
| 1. Total Taxable Amount (gross sales before taxes) | _____ |
| 2. Less, Non-Food and/or Non-Beverage Items        | _____ |
| 3. Adjusted Taxable Amount (line 1 minus line 2)   | _____ |
| 4. Tax (3% of Line 3)                              | _____ |
| 5. Penalty (late penalty of 10%)                   | _____ |
| 6. Interest (12% per annum from due date)          | _____ |
| 7. Total Payment                                   | _____ |

MAKE CHECK PAYABLE TO:

The City of Leitchfield  
C/O City Treasurer  
P.O. Box 398  
Leitchfield, KY 42755-0398

The return is due on or before the end of each month for the previous month.  
PENALTY & INTEREST MUST BE ADDED IF NOT PAID BY THE LAST DAY OF THE MONTH  
FOLLOWING THE PREVIOUS MONTH.

I hereby certify that the information contained herein and in any supporting schedules are  
true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Individual Preparing Return

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date